THE OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

NORTHERN VIRGINIA TRAINING CENTER

PRIMARY INSPECTION

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INSPECTOR GENERAL

OIG REPORT # 48-01

EXECUTIVE SUMMARY

A primary inspection of Northern Virginia Training Center (NVTC) was conducted on September 9-11, 2001. Primary inspections are routine unannounced inspections of state operated facilities. The purpose of this inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement in eight areas of review. Both findings of merit and findings of concern are outlined in this report.

NVTC was the first of five facilities operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services to have been found to be in violation of the Civil rights for Institutionalized Persons Act by the United States Department of

Justice. Many improvements have occurred at this facility as a result. The findings of merit included findings of adequate staffing present. This includes adequate access to direct care staff as well as access to a rich supply of professional staff. There are sufficient numbers of staff present at NVTC such that a Center of Excellence has been able to be developed which provides access to these professionals by those with MR living in a community setting. There is a broad array of treatment activities available to residents, especially during weekday hours, which are designed to promote maximal achievement of individual abilities. Center-based resident training programs as well as employment in the community are available. There is appropriate access to primary care and a psychiatrist. The access to medical care after hours is well coordinated. Direct observation of numerous encounters revealed treatment with dignity and respect by staff of all levels. The use of seclusion or behavioral restraint is rare. There is a stable, established nutritional management program in place. The grounds are well maintained. Internal living units are generally warm and appropriate with some units being more homelike and less institutional than others.

Recommendations for performance improvement were made in several areas. A review of current security policy and staff in-service training is in order. The current situation within NVTC wherein the same person conducts the management of quality assurance, risk management and abuse investigations should be reviewed with DMHMRSAS. There is inherent conflict of interest in this situation that could impair objectivity in the protection of residents. Additional recommendations encourage NVTC to undertake a review of ongoing clinical documentation such that professional interventions are appropriately recorded.

Overall, this well maintained environment has addressed many of its past challenges and continues to demonstrate its commitment to providing quality services to its residents.

Facility:	Northern Virginia Training Center
	Fairfax, Virginia
Date:	September 9-11, 2001
Type of Inspection:	Primary Inspection / Unannounced
Reviewers:	Anita Everett, MD
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Purpose of the Inspection: To conduct a comprehensive inspection of eight areas at the facility as an aspect of routine on-going quality reviews.

Sources of Information: Interviews were conducted with staff, ranging from members in leadership positions to direct-care workers. Documentation reviews included, but was not limited to: resident treatment records, selected Policies and Procedures, selected committee minutes, facility training materials, Performance Improvement/Quality Assurance Projects, and information regarding resident complaints and investigations. Activities and staff/resident interactions were observed.

Areas Reviewed: Section One / Treatment with Dignity and Respect

Section Two / Locked Time-Out and Restraint

Section Three / Active Treatment

Section Four / Treatment Environment

Section Five / Access to Medical Care

Section Six / Public-Academic Relationships

Section Seven / Notable Administrative Activities

Section Eight / Facility Challenges

Introduction: This report summarizes the findings during a primary inspection of Northern Virginia Training Center, (NVTC) which occurred from September 9-11, 2001.

The Office of Inspector General defines primary inspections as routine unannounced comprehensive visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose of this inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement. The items identified for review in this report were selected based on the relevance to current reform activity being undertaken in Northern Virginia Training Center as well as other facilities in Virginia. This report intentionally focused on those issues that relate most directly to the quality of professional care provided to residents of the facility. It is intended to provide a view into the current functioning of the training center.

NVTC is one of five Intermediate Care Facilities operated by the Commonwealth that provides services to persons with mental retardation. NVTC has been in operation for twenty-eight years. The current census is approximately 200 adult residents. The majority

of residents served by the facility are classified as severely and profoundly mentally retarded. This facility is certified by the Center for Medical Services (CMS, formerly HCFA) as an intermediate care facility for the mentally retarded (ICF-MR).

The training center is located in the City of Fairfax on approximately 80 acres. The Center provides services primarily to five community services boards within the Northern Virginia area. Admissions and discharges from elsewhere across the Commonwealth may occur.

This facility has a larger complement of professional staff than other training centers in Virginia of comparable size. This enables this facility to develop a cooperative relationship with community programs through a Regional Community Support Clinic. This clinic provides for a means of exporting the specialized skills and expertise of facility staff to community residents with mental retardation and other community programs providing for their care.

TREATMENT WITH DIGNITY AND RESPECT

Finding 1.1: Throughout the inspection, staff were observed to interact with the residents in a manner that reflects treatment with dignity and respect.

Background: There were opportunities throughout the inspection to observe the interactions between the staff and residents. Staff, of all disciplines, were noted to interact in a respectful manner treating the residents with dignity. Interviews with staff described their relationships with the residents as one of the reasons that contribute significantly to their job satisfaction.

Recommendation: Continue to foster an environment that treats the residents with dignity and respect.

Finding 1.2: The advocate at NVTC addresses issues relevant to human rights through monitoring, training and contact with residents and staff.

Background: The advocate identifies on-going involvement with the residents, staff and administration as one of the primary methods for monitoring the rights of the residents in the facility. Even though the importance of staff training was recognized, the advocate felt that staff contact and a visible presence on the residential units served as a more broad based method for reminding staff of the importance of being aware of rights issues in the day-to-day operations. The advocate indicated that informal contacts with staff on

the living units reinforces the importance of providing care for the client that is imparted with dignity and respect.

Staff serves as the primary resource for identifying allegations of abuse and neglect. All nine of the residential staff interviewed described being supportive of the work of the advocate and able to verbalize appropriate knowledge of the procedures regarding the reporting of abuse and neglect.

There is one human rights advocate for the approximately 200 residents at the facility at the time of the inspection. There is an active local human rights committee (LHRC). The staff interviewed explained that the current committee consists of individuals with extensive knowledge and involvement in issues concerning persons with mental retardation.

Concern was expressed by several staff persons in administrative/supervisory positions regarding the proposed changes in the role of the advocate. According to those interviewed, the facility advocate will be increasingly responsible for coverage of human rights issues in the community. The current work of the human rights advocate within the facility will be offset in part by the development of a facility complaint investigator, who will be charged with the responsibility of investigating and mediating "lower-level" complaints prior to the involvement of the advocate.

Recommendation 1.2a: Continue to support the advocate's visible presence for staff and residents in order to maximize awareness regarding issues relevant to abuse and neglect.

Recommendation 1.2b: The OIG will coordinate a meeting with the State Human Rights Director to review the new changes, the purpose for these changes and the impact these may have on the consumers.

Finding 1.3: The Facility Risk Manager also functions as the Quality Assurance Director, and serves as the facility Abuse and Neglect Investigator.

Background: NVTC has collapsed the primary functions for a number of key positions into one oversight position. The Facility Risk Manager serves as the Quality Assurance Director, primary abuse and neglect investigator and also has oversight responsibilities over the security of the facility. These roles are often in conflict and require scrutiny from various sources. Committees can serve to provide this service but the team was informed that the Risk Management Committee, for example, had not been able to meet with regularity recently because of the demands on the manager's time.

The blending of tasks such as risk management and abuse and neglect investigations is of greater concern because of the conflict of interest imbedded in the effective performance of each of these by the same person no matter how well-intentioned or trained. It was reported that not all allegations of abuse were investigated as such, as it was up to the discretion of the risk manager to make a determination upon a review of the evidence to decide how to proceed with each event. This discretionary power could be perceived as detrimental to the well being of the residents by not having all allegations have the same opportunity for review and scrutiny. This becomes more evident and critical when NVTC staff members could not clearly define the process whereby injuries of unknown origins were elevated to the level of abuse and neglect investigations.

Recommendation: The facility needs to review with the Central Office the nature of these functions with serious consideration given to the separation of each of these three tasks to assure that the protection of the residents are foremost.

LOCKED TIME-OUT AND RESTRAINT

Finding 2.1: Incidents of isolated time-out and restraint are infrequent.

Background: Interviews and a review of isolated time-out and restraint data revealed very limited use of these procedures within this facility. Out of 191 current residents, 90 have a behavioral treatment plans. Behavioral management plans are developed for those individuals exhibiting behavioral difficulties. Of these only two individuals have isolated time-out or locked time-out as an identified intervention. Even as approved interventions, isolated time-out has been rarely implemented. The advocates and the LHRC review the behavioral management plans prior to its initial implementation.

Locked time-out is the more traditional process used whereby residents who are experiencing behavioral difficulties are removed from the stimulating situation and placed in a room which is secured by staff. The doors are equipped with a handle lock that will not stay shut unless held in place by a staff.

Recommendation: Continue to maintain a treatment environment that fosters the limited use of locked time-out and restraint.

ACTIVE TREATMENT

Finding 3.1: Residents have an array of active treatment opportunities available for skill building and independent living.

Background: Active treatment is required for all residents of beds certified by Medicaid at the ICF/MR level of care. Treatment must be individualized based on needs of the

residents that are currently identified as preventing his or her living in a less restrictive environment. All programs are aimed towards the resident's return to a community placement and focus on independence, vocational and pro-social adaptive behavior skills.

There is a broad array of treatment activities available to NVTC residents, especially during weekday hours, designed to promote maximal achievement of individual consumer abilities. Since the range of individual disability varies considerably along physical, learning and psychological dimensions, record reviews and interviews reflected that programming decisions take into account individual needs as well as logistical challenges. This facility addresses these issues by developing center-based resident training programs as well as opportunities for training and employment in the community. The treatment team individualizes each resident's daily schedule. This was noted in the 9 records reviewed.

Recommendation: Continue to emphasize the individualized nature of active treatment opportunities at NVTC.

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Finding 3.2: The facility has an established nutritional management program.

Background: The facility has a well-established and comprehensive nutritional management program. This program is coordinated through the Occupational Therapy department. Dining areas are located on units as well as in the training buildings. Each resident has an individualized nutritional plan containing specific information about diet requirements, the consistency, size and number of portions, level of supervision needed by the resident, proper positioning and adaptive equipment needed.

According to the staff, regular updating of these plans occurs as needed, but at minimum of once per year at the time of the comprehensive annual review. During the inspection, in dining area 3A, a number of the plans indicated that 1997 was the last date of review.

Recommendation: Review nutritional management plans for all residents to assure that dates reflect the most current assessment.

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Finding 3.3: Clinical Management Meetings occur at regular frequencies on a given unit.

Background: One of these meetings was observed from building 3.This meeting occurs twice a month and lasted an hour. There were approximately 15 people present including

the social worker, recreational therapist, psychologist, program manager, secretary, human rights advocate, psych aide, speech pathologist, physical therapy aid, nights supervisor, physical therapist, team leader, direct care associate, nurse and primary care physician. This meeting generally reviews clinical situations and administrative functions. On this day, the physical management plan of an individual was discussed and revised. The space utilization and furnishings of one of the common day rooms was also discussed. Although this was a large meeting, each person in the room participated and was clearly engaged in the meeting content. While under some circumstances a meeting of this nature may be inefficient by virtue of the number of persons in some cases with redundant roles (PT and PT aide, psychologist and psychologist aid, nurse and physician, QMRP and facility advocate), this meeting may serve as a very valuable management tool which promotes cohesion in clinical and administrative decision making. Other training centers in Virginia may want to consider the utility of setting up meetings as regularly as these.

Recommendations: None. Although a great number of staff hours go into a meeting of this nature, it appears to have uses on many levels.

Finding 3.4: Annual individualized program plans (IPP) as constructed were based on professional assessments and a review of objective and supported observational data by an interdisciplinary team.

Background: Nine resident records were reviewed with a focus on the linkages among the assessments, identified problems and the goals and objectives established for the residents. In each record reviewed, the process for identifying prioritized goals from the assessments and clinical discussions was evident. It was more difficult to follow the on-going progress of these established goals through the review of the progress notes and quarterly updates. Problems and the associated course of action that had been identified outside of this more formalized annual process were extremely difficult to track. For example, it was noted in one of the records reviewed that the team had discussed this resident's behavior of inserting items in his rectum. The record did not outline the team's discussion regarding whether there had been an increase in incidents or injuries as a result of this behavior. A few references to this concern were noted in the record with the plan of action formulated indicating the facility director would locate a sex therapist for involvement with the resident. The justification for this plan was not noted nor why it would be the function of the facility director to secure services for a resident. The implication of record was that the identified behavior for this individual was a function of a sexual preference. There was not any evidence of behavioral interventions associated with this potentially self-injurious behavior with the resident. There was a brief reference to staff securing pens and pencils, among other items. Decisions made by the clinical management team need to be clearly noted in the resident's record.

Recommendation: Enhance documentation regarding identified problems, which are noted outside of the formalized annual process by including them on the problem list; outline the plan of action and justification for interventions.

Finding 3.5: Physical and Occupational Therapy services are sufficiently staffed and well integrated into consumer care at NVTC.

Background: Staffing levels for the Physical Therapy service include 3.5 Physical therapists, 3 physical therapy assistants and 2.5 physical therapy aides. This enables the staff to develop and monitor physical management plans for every resident at this facility, provide initial and annual physical management staff training, participate regularly on the unit ID teams for resident care, and to provide services in special cases such as post surgery or an injury. While the case load is described as heavy, and staff would prefer to provide more hands on care to every resident, it also seems as though a basic level of physical therapy service is available for all center based residents, as well as a number of community outpatient residents.

For the Occupational Therapy service, there are 6 registered therapists, 1 certified OT aide, and 3.5 regular aides. These individuals are responsible for the nutritional management plans for every resident, and they focus on comprehensive assessment, observation and direct feeding, as necessary. Occupational Therapy staff are also in the process of learning to integrate behavioral interventions into resident eating plans. The OT staff are involved in following resident dental care and in the assessment of falls risks, especially regarding evaluation of the physical environment. Occupational therapy services are integrated into the development of Habilitation plans, and participate regularly on the ID teams for residents. They are also able to provide consultation for the regional community support services.

Recommendation: Continue to support and enhance the integration and expansion of these vital services.

TREATMENT ENVIRONMENT

Finding 4.1: Staffing patterns appear to be adequate to meet the activity level of patients.

Background: Observation of the staffing complement on the Sunday evening shift during the inspection was that it was adequate for providing the type of daily living care that is typically undertaken in the evenings. Staffing patterns were as follows:

Unit 3A	18 residents and 6 staff
Unit 3D	16 residents and 5 staff
Unit 1	15 residents and 6 staff
Unit 6A	14 residents and 8 staff
Infirmary	3 residents and 2 staff (1 RN and 1 medication assistant)

The team was informed that the staff patterns during the evenings for the aforementioned areas were consistent with those observed during the inspection. The same units have either 2 – 3 staff on during the night shift depending on acuity levels.

A tour of the active program areas, during a subsequent day, included the Skills Training Center and the Developmental Day Program. It was noted that there was a higher ratio of staff to consumers, which was appropriate for maximizing the level of participation of consumers in various tasks and activities. Discussions with multi-disciplinary, administrative staff indicate that the facility has a significant complement of professional staff available. This facility has more professional staff in the areas of psychology, occupational therapy and physical therapy, medicine than the other two training centers of comparable size.

Recommendation: Continue to maintain adequate staffing patterns.

Finding 4.2: The grounds are well maintained, providing a park like appearance, which is described as open to the community.

Background: The facility grounds are well arranged and cared for. Outdoor footpaths that are handicapped accessible connect all residential units, training units, and administration buildings. Interviews indicated that members of the community enjoy this "open campus" and often use the walkways and paths for exercising because it is perceived as being a safe area. This facility's approved "openness" for use by others presents an increased challenge for security because it makes it very difficult to determine the numbers of persons and the nature of their business on the site. Interviews revealed that the facility has established procedures to assure the safety and protection of both staff and residents, but these were not evident as outlined in Finding 4.3.

Recommendation: Continue to maintain the grounds and peaceful atmosphere at NVTC. On behalf of the residents within this facility, a review of the risks vs. benefits of the current security practice is warranted.

Finding 4.3: During the initial evening visit, staff were lax in identifying team members and ascertaining the reason for the team's presence, compromising facility security.

Background: The team arrived on site during the evening shift, at approximately 6:30 pm on a Sunday night and proceeded directly to a residential unit. For the first 10-15 minutes the team entered the unlocked building, toured the reception area, spoke with some residents in the foyer, and then entered the living areas without being approached by staff and/ or asked for identification. Eight residents were quietly and calmly congregated in front of the television without a staff member present. One staff member was noted in one of the community rooms, with six residents, and acknowledged the team, but did not inquire as to our business. This did not occur until the inspection had been underway.

The security staff on duty was surprised to learn that the team had been on-site in residential areas without that office being notified. This lack of communication hampers security's effectiveness in monitoring and enforcing safety procedures on campus.

There is one security person on-duty during the evening and night shifts. It is this person's responsibility to patrol the grounds, roadways and buildings, survey the parking areas for unidentified vehicles, maintain the securing of all state owned vehicles and check each area to assure that buildings are secure between ten o'clock and the next change of shift. Although this limited security coverage is mobile and on the alert, effective campus security is contingent upon the watchfulness and cooperation of the staff in assuring the safety of the residents.

Recommendation 4.3a: Review the current security practice with regards to the risks Vs benefits for residents. OIG requests evidence that this critical issue was deliberated as soon as it occurs.

Recommendation 4.3b: Retrain staff as to current expectations regarding unknown persons being present at the facility.

Finding 4.4: Efforts at making this institutional setting appear more "home-like" were variable.

Background: In several units, it was clear that the staff and resident families have made resources available to decorate this otherwise institutionalized setting. Many areas, such

as Unit 1, were nicely appointed with bright colors, curtains, and personal effects. Many of the individual bedrooms in Building 3 had personal items and were individualized although very institutional in appearance. The day areas in this building were dated, functional and institutional. Creative attention to these areas might result in a more attractive and less institutional environment.

Recommendation: Broaden the effort to enhance the physical living environments for all NVTC residents.

ACCESS TO MEDICAL CARE

Finding 5.1: NVTC has appropriate access to primary care services.

Background: NVTC currently employees three full-time primary care physicians. The facility is fortunate to have Dr. Becker who also is a neurologist serve as the medical director of the facility. His clinical interests are valuable as approximately half of the residents at this facility are on anti-seizure medications. Each resident with a seizure disorder history has a specialized treatment plan in the infirmary wherein access by the off hours nurse is immediately available. This is very helpful in the frequent situation of a seizure emergently occurring.

The facility is divided into areas so that each resident within a residential area has an assigned physician. Additionally there is an assigned back up physician who is available when the assigned physician is away on leave. The main duties of these primary care physicians include the provision of acute and routine preventive primary care as well as participation in annual program planning. The primary care physician accompanies specialists such as the gastroenterologist when they come to NVTC to see individuals. Specialists are considered to be consultants and as such are not "privileged" by the institution to make changes in actual medication and other orders. Changes are made by the resident's primary care physician. Although very time intensive, this process does allow for the primary care physician to work closely to coordinate all medical care that is provided to a single resident.

The access to medical care after hours is well coordinated through staff at the infirmary. There is a clear understanding as to access to physician as well as the RN staff who are assigned to perform assessments after traditional work hours and on weekends. The physicians take call once a month, the third weekend is covered by one of three outside physicians. The call schedule is clearly posted within the infirmary area.

Recommendation: None. There is good access to primary care at NVTC.

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Finding 5.2: There is adequate access to psychiatric care at NVTC.

Background: Currently at NVTC there is a half time psychiatrist. This psychiatrist sees patients on an as needed basis. Typically he comes to the facility for scheduled med review meetings and actually interfaces with residents at unscheduled hours. The med review team consists of the unit nurse, primary care physician, social worker who also functions as the qualified mental retardation professional (QMRP), psychologist, psychiatrist and a representative from the unit direct care staff. Documentation is created from these meetings.

Concerns were presented and discussed with medical staff regarding the unusual documentation format for the psychiatrist. It was recommended that more standard encounter documentation be created which provides an accounting of the interval history, observations, assessment and recommendations of the psychiatrist for each individual visit. While it is true that a formal mental status is difficult to obtain from many residents in NVTC due to communication inabilities, many elements of a traditional mental status can be observed and recorded. This would include a description of the level of interaction and engagement, attention, alertness, ability to respond to questions, affect, appropriateness, impulse control, eye contact, movement disorder, stereotypical or compulsive movements, or other physical observations, etc. Staff familiar with the individual can often provide relevant historical information or observations that augment the mental status such as "appears to be responding to voices", etc. The current method for documentation of the psychiatrist's evaluation does not accurately capture the quality of the visit. It is highly recommended that this be reviewed.

Recommendation: There is adequate access to a psychiatrist at NVTC. It is recommended that the documentation of the psychiatrist be reviewed.

Finding 5.3: The NVTC Psychiatrist has developed a mechanism for the tracking of individuals who are on more than one psychotropic medication.

Background: At the time of this inspection there were 95 residents on psychiatric medications. Twenty-five of these individuals are on more than one psychiatric medication. There were 32 persons on new generation antipsychotics and 10 on older ant psychotic agents.

Dr. Sherer has developed a mechanism for the identification of the clinical rationale for the use of multiple psychiatric medications. Thus of the 25 individuals on more than one psychiatric medication, 12 are on medications of a different class with different expected functioning, 6 are currently in transition from one medication to another, 4 were partially responsive to the first medication requiring augmentation with a second, etc. This assists with the oversight of medication that is provided by the medication review committee.

The information, as summarized within the report provided to OIG, was also broken down by person and rationale for each medication. This is available for system use, but did not seem to be present in the individual's clinical record. Combining this information together with a recording of the psychiatrists observations and assessment may be useful in reworking the documentation so that the individual work done on behalf of a resident is better "captured" in that individual's clinical record.

It is interesting to note that there were 28 persons on one of a group of medications called serotonergic reuptake inhibitors. Our review medication usage at other training centers in Virginia reveals that these potentially helpful medications with low side effect risk are not commonly used. In addition to having a potential role as an antidepressant, this group of medications may be useful for obsessive-compulsive disorder as well as aggression. One possible explanation for this is the barrier presented in prescribing psychiatric medications for those within training centers. Before a medication prescribed for the purpose of altering behavior can be given, the recommendation of the licensed psychiatrist is generally reviewed by the parent or legal guardian as well as a behavior management committee and a local human rights committee. It is ironic that a mechanism that was set up to reduce access to heavily tranquilizing medications may now be reducing access to new medications which may be very helpful. Many residents are not able to access trial periods of these new and more safe medications due to the barriers created by this multi-committee process.

Recommendation 5.3a: Consider incorporating this useful information in the individual clinical record.

Recommendation 5.3b: Consideration should be given toward convening a meeting of psychiatrists employed by training centers in Virginia to understand the wide variability in use of different types of medications for a similar clinical population.

ACADEMIC – PUBLIC RELATIONSHIPS

Finding 6.1: NVTC has collaborative relationships with several colleges and universities throughout the Commonwealth.

Background: The facility has a number of contracts established with colleges and universities to provide practicum experiences and internship in a variety of disciplines. During FY 2001, 52 arrangements were identified with 13 colleges and universities. The following disciplines were represented: medicine (1), nursing (26), occupational therapy (7), pharmacy (5), psychology (3), social work (4), speech (4) and recreational therapy (1). Within the context of the Center of Excellence project the facility is committed to establishing and supporting formal academic relationships.

Recommendation: Continue to support public-academic relationships through providing internship and practicum sites as well as supporting research within the facility.

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Finding 6.2: NVTC is working to establish a cooperative opportunity with local dentists and the Medical College of Virginia School of Dentistry that would promote increased access to dentists trained to serve persons with mental retardation and other developmental disabilities.

Background: This project would provide opportunities for dental students at MCV School of Dentistry to complete portions of their clinical experience while in school at NVTC. Additionally there may be opportunities for local dentists to participate in continuing medical education experiences with MCV faculty who attend with the Dental Students. This is a wonderful example of generalizing the specialized experience at a particular facility to providers in the community. In many areas of Virginia, it is difficult to find a dentist who is willing and able to serve those with severe mental retardation.

Recommendation: None.

NOTABLE ADMINISTRATIVE PROJECTS

Finding 7.1: Northern Virginia Training Center's Regional Community Support Clinic provides specialized services to individuals residing in the community.

Background: The facility has established the community support clinic, which provides specialized services to residents in the community. Four primary service areas were identified. These were: medical specialty clinical consultation, dental services, education of community service providers as well as the direct provision of scheduled and emergency respite services. The majority (74%) of services requested are for a single clinical consultative service. The most commonly used service was the psychiatry consultation. During FY 2001, 2328 hours of service were provided by NVTC staff to 378 community clients in the area of medical specialty and clinical consultation.

The ability of this facility to develop this extensive cooperative relationship with community programs is beneficial for both settings. NVTC is the only one of the five training centers that currently has the complement of staff necessary to address the needs of their own residents as well as extend this expertise in such a manner into the community.

Recommendation: The development of this model throughout other training centers in Virginia would facilitate successful community transition for many residents.

Finding 7.2: This facility has established a number of continuous improvement projects.

Background: Rather than the development of discrete performance improvement projects that have a beginning and an end point, NVTC has developed a comprehensive quality management plan for virtually every aspect of the facility. Each service area within the facility periodically identifies target areas for evaluation and monitoring. The continuous improvement plan is systematically updated and revised as appropriate.

Recommendation: Continue in identifying, evaluating and monitoring continuous improvement projects.

FACILITY CHALLENGES

Finding 8.1: NVTC maintains a culturally diverse staff.

Background: Northern Virginia Training Center is located in one of the most culturally diverse communities in the nation. This large metropolitan area is a gateway for a number of immigrants as well as international students seeking to enhance their educational opportunities by being trained in their respective fields in this country. NVTC has both the benefit and challenge of having a number of individuals from various countries serve on the staff. These individuals bring a wealth of beliefs and traditions regarding the care and treatment of this challenging population, which can offer a variety of skills and perspectives. An identified difficulty for the facility is to assure that each staff member has developed effective communication skills necessary to adequately perform in their varying roles. This is especially true for direct-care workers for whom English is often a second language. The task of assuring that personnel are adequately trained and effectively understand the materials needed for providing the care required for persons with severe and profound mental retardation is one responsibility of the staff training office. Differences in cultural expectations may be one reason OIG staff were not questioned when entering the facility on the first evening of this inspection.

Recommendation: This is an issue for many employers in the northern Virginia area including Northern Virginia Mental Health Institute. Perhaps consultation with professional human resource managers could enhance the ability of NVTC to engage and promote staff of different cultures as well as develop awareness and

sophistication of supervisory staff at NVTC in working with employees of many different cultures.